

GOVERNMENT OF SIKKIM GAZETTE

**EXTRAORDINARY
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No. 49

GOVERNMENT OF SIKKIM
HEALTH CARE, HUMAN SERVICES & FAMILY WELFARE DEPARTMENT

No:189 /HC, HS & FW

Dated:22.1.2014

NOTIFICATION

1. In pursuance of the directives of the Honorable Supreme Court in civil writ petition no.209/2003(Ramakant Devi vs Union of India) the State Government is hereby pleased to constitute the "State Family Planning Indemnity" Sub-Committee" from within the State Quality Assurance Committee to, redress, dispose and disburse claims/complaints received through the District Quality Assurance Committee, to the district health society as per procedure and time frame laid down in the manual, consisting of the following members, namely:-

(1) Mission Director(National Rural Health Mission) Chairperson;
Director Family Welfare - Convener;

(2) Joint Director(Reproductive and Child Health Officer) - Member;
Secretary;

(3) Head of the Department, Department of Gynecology - Member;
& Obstetrics

(4) Head of the Department of Surgery - Member;

2. **The terms of reference of the "State Family Planning Indemnity Sub Committee" shall be as follows:-**

The State Family Planning Indemnity Sub-Committee shall:-

- (i) visit both public and private facilities providing family planning services in the state to ensure implementation of national standards;
- (ii) review and report deaths/complications following sterilization in the state;
- (iii) review and report conception due to failure of sterilization in the state;

- (iv) give directions on implementation of measures to improve quality of sterilization services;
- (v) review the implementation of the National Family Planning Indemnity Scheme/payment of compensation in the state;

3. The State Family Planning Indemnity Sub-Committee would meet as often warranted.
4. At least three members would constitute the quorum of this sub-committee

By order and in the name of the Governor.

**DIRECTOR GENERAL-CUM- SECRETARY TO THE GOVERNMENT OF SIKKIM
HEALTH CARE, HUMAN SERVICES & FAMILY WELFARE DEPARTMENT**